Professionals

Home

Featured Resources »

Academy CAN!

Ask the Expert

Become a Member

Careers in A/I

Job Placement Center

New Research

School Tools

Donate to the ARTrust

Administration of omalizumab once a month

3/1/2011

Q. **I have a patient on Xolair who is only having moderate improvement injections. He has recently gained weight and should now be receivi 225MG. Coming every two weeks makes it difficult for him. Are you a contraindication to administering 450MG Q month to help with comp**

A. Thank you for your recent inquiry.

There would be no contraindication to the administration of omalizumab o

For your convenience, copied below are two articles citing examples wher has been employed monthly.

Curr Med Res Opin. 2011 Jan;27(1):45-53. Epub 2010 Nov 18.
Omalizumab in the management of oral corticosteroid-dependent IGE-me patients.
Domingo C, Moreno A, José Amengual M, Montón C, Suárez D, Pomares Pneumology Service, Corporació Parc Taulí, Sabadell, Spain. cdomingo@
Abstract
BACKGROUND: Several studies have demonstrated the beneficial effects omalizumab in asthma patients. Here we describe the drug's tolerance an corticosteroid sparing capacity in a long-term observational study.
METHODS: Thirty-two patients aged ≥18 years with obstructive airway dis FEV(1) reversibility ≥12% and 200 mL, with an oral steroid requirement ≥ of prednisolone during a period of ≥1 year, a positive prick test or in vitro r (RAST) to at least one perennial aeroallergen and a baseline immunoglob ranking between 30-700 IU/mL were prospectively followed for 17.2 ± 8.5 Patients were visited once or twice a month, depending on their schedule administration.
INTERVENTION: blood analysis every six months; spirometry and nitric o measurement at every visit.
RESULTS: One patient who dropped out early was excluded. Follow-up p treatment benefited 83.9% (26/31) of the cohort; oral corticosteroids were 7.19 ± 11.1 to 3.29 ± 11.03 mg ($p < 0.002$) and withdrawn in 74.2% of patie (percent predicted) was 64.4 ± 22.7 at the beginning and 62.9 ± 24.3 at the entry was 322.2 ± 334.2 IU/mL and increased 2.34-fold. Respiratory funct not present statistically significant changes. We identified three groups of first ($n = 17$) receiving oral steroid at entry in whom the accumulated dose progressively decreased; another ($n = 10$) including patients who had quit before starting omalizumab although they had not been instructed to do s

oral steroid dose at the end of follow-up was zero; and a third group (n = 4
benefit from omalizumab treatment. The only relevant side effect was a flu
which required discontinuation of treatment in one patient.
CONCLUSION: In our series, a substantial, safe decrease in oral corticos
requirements was observed due, at least to some extent, to omalizumab t
corticosteroids were withdrawn in three-quarters of the patients. We were
identify a factor able to predict which patients would benefit most from om
treatment.

Curr Med Res Opin. 2010 Jun;26(6):1285-93.
Omalizumab in children with inadequately controlled severe allergic (IgE-r
asthma.
Kulus M, Hébert J, Garcia E, Fowler Taylor A, Fernandez Vidaurre C, Blog
Medical University of Warsaw, Warsaw, Poland. marek.kulus@wum.edu.p
Abstract
BACKGROUND: Many children with severe persistent allergic (IgE-media
remain inadequately controlled despite treatment with high-dose inhaled c
(ICS) plus a long-acting beta(2)-agonist (LABA). RESEARCH AND DESIC
This pre-specified analysis of a randomized, double-blind, placebo-control
evaluated the efficacy and safety of omalizumab in children (6-<12 years)
allergen sensitivity, and history of asthma exacerbations and symptoms de
with ICS (fluticasone >or=500 microg x day(-1) or equivalent) plus a LABA
received omalizumab (75-375 mg once or twice a month by subcutaneous
determined from dosing tables) or placebo over 52 weeks (24-week fixed-
28-week adjustable-steroid phases).
RESULTS: Out of 246 randomized patients (omalizumab, n = 166; placeb
efficacy was analysed in 235 (omalizumab, n = 159; placebo, n = 76). Ove
fixed-steroid phase, omalizumab reduced the rate of clinically significant a
exacerbations (worsening symptoms requiring doubling of baseline ICS de
systemic steroids) by 34% versus placebo (0.42 vs 0.63, rate ratio 0.662;
Over 52 weeks, the exacerbation rate was reduced by 50% (P < 0.001). C
an acceptable safety profile, with no statistically significant (P < 0.05) diffe
adverse events observed between omalizumab and placebo.
CONCLUSION: Add-on omalizumab is well-tolerated and reduces exacerl
children (6-<12 years) with severe persistent allergic asthma, inadequatel
despite high-dose ICS plus a LABA. It should be noted that the sample siz
based on providing statistical power in the severe subgroup, and no corre
made for multiple comparisons; however, outcomes consistently favoured

Thank you again for your inquiry and we hope this response is helpful to y

Sincerely,
Phil Lieberman, M.D.

Key Words: omalizumab, anti-IgE, asthma

Back